

APIN *Network News*



A publication for professionals who participate in the Adolescent Parent Interagency Network

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Who Are We?

The Adolescent Parent Interagency Network (APIN) is a network of Manitoba professionals who meet monthly with the goal of ensuring high quality service to pregnant and parenting adolescents. The Network helps facilitate the sharing of information related to existing services and resources.

You're invited to the Winter 2003 line-up of APIN meetings:

Jan. 14, 2003 Meeting

Presentation: **FAMILY GROUP CONFERENCING**
Date & Time: Tuesday, Jan. 14th, 11:45 a.m. - 1:00 p.m.
Place: Ma Mawi Wi Chi Itata Centre Inc.
94 McGregor St.
Speakers: Jackie Anderson, FGC Coordinator

Feb. 11, 2003 Meeting

Presentation: **THE FAMILY CENTRE**
Date & Time: Tuesday, Feb. 11th, 11:45 a.m. - 1:00 p.m.
Place: The Family Centre - Portage Place
4th Floor - 393 Portage Ave
(Use main floor elevators between Sirens and Quarks stores or if parking in the underground parkade, use the elevators to offices in the Buffalo section)
Speakers: Holly Puckall, Russ Chambers, Maureen Barchyn and Millie Braun

March 11, 2003 Meeting

Presentation: **ELMWOOD TEEN CLINIC**
Date & Time: Tuesday, March 11th, 11:45 a.m. - 1:00 p.m.
Place: Elmwood High School
505 Chalmers, Room 204
Speaker: Rosemarie Gjerek & Lisa Verge (Klinic)

Please bring your own lunch, coffee and tea will be supplied. See you there!

COME LEARN ABOUT...

January 14, 2003, Presentation:

FAMILY GROUP CONFERENCING – MA MAWI WI CHI ITATA ADOLESCENT PARENT SUPPORT PROJECT

Implementing the Family Group Conference Model in the Adolescent Parent Support Project has proven to be a valuable, time intensive process. It creates an opportunity for the family and/or significant supports to play a vital role in designing a plan that best supports the health and well-being of a young family. We recognize that the Ma Mawi Wi Chi Itata Centre is involved for a short time only and that the family will continue to support each other for generations to come. The family group conference returns power to the family and community in making realistic decisions in their best interest regarding the care and nurturing of their children. In this workshop, information will be shared on how this model has had a positive impact on teen parenting and young family development. You will also hear a story from a young parent who has overcome obstacles and struggles in her own life and how the family group conferencing model has helped to strengthen the relationships in her family.

February 11, 2003, Presentation:

THE FAMILY CENTRE, *Where families come first!*

The Family Centre is a not-for-profit, voluntary, accredited organization established in 1937 whose mission is "to bring programs, partnerships and resources together to empower individuals and strengthen families." This presentation will give an overview of the resources available at The Family Centre, with particular emphasis on those which may be useful to pregnant and parenting adolescents, their partners and families. Eligibility criteria, intake processes, waiting lists, etc., will be discussed.

March 11, 2003, Presentation:

ELMWOOD TEEN CLINIC

The Elmwood Teen Clinic is a two-year pilot project to establish an after-hours primary health care facility for teens at Elmwood High School. This initiative was developed through the combined efforts of local community groups, various service providers, government and most importantly, youth. The goals of the clinic are to ensure young people in the Elmwood area have access to teen-centred health services, promote healthy lifestyle choices, and assist with information and referrals to other resources. Come out to learn more about the Elmwood Teen Clinic.

MARK YOUR CALENDAR!!

APIN SPRING 2003 CONFERENCE

Life's Voices: Teen Choices

Tuesday, April 22, 2003

Canad Inn at Polo Park

Come to explore and discuss the options open to pregnant adolescents, hear the voices of first-hand experience, discover ways for mom to bond with baby and learn what's new at the information booths.

(Registration brochures will be available in February)

APIN Network News

is published three times per year for the network of Manitoba professionals working to ensure high quality service to pregnant and parenting adolescents.

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Report on the Fall 2002 Meetings

Building Social Capital (September 2002)

The September meeting involved an open discussion following up on Dr. Lynn McDonald's presentation at the spring 2002 APIN conference on building "social capital". Quoting Dr. James Comer, Yale professor of child psychiatry, McDonald noted that "relationships are to child development what location is to real estate."

Dr. McDonald is the founder of Families and Schools Together (F.A.S.T.) and its various adaptations, including elementary school, middle years, pre-school and Baby F.A.S.T. This innovative and collaborative approach recognizes that without supportive relationships, a young mom cannot set aside her own needs to be available emotionally to her baby.

Multiple reciprocal relationships with many different people—people who care about the young mom and her baby and who she in turn cares about—leads to optimal parenting.

Some of the questions to consider are: Does the mom have enough relationships with other young moms, her mother, grandmother and/or aunts? Who can she turn to when she's upset? Who will hold the baby when she's crying and won't settle? Who will babysit so the young mom can go to the movies?

Every mom needs a break. High stress, such as having a baby, plus high social isolation, which can lead to depression, is the strongest predictor of child abuse and neglect.

In the F.A.S.T. program, the role of the professional is to help build relationships in a systematic and predictable way by gathering together the people who represent potential relationships for the young mom and support the building process to make these relationships work.

At this special two-hour September meeting, participants considered how they could help adolescent parents build an informal social support network in addition to the formal network.

Participants broke into small groups to discuss three questions and provide ideas, as summarized below.

Question #1: How do we help adolescent parents build informal and healthy social support systems?

- include immediate family of teen mom in planning sessions
- provide a place to come together, e.g. family friendly space
- ask a lot of questions so that the teen mom can come up with the answers/solutions herself vs. giving advice
- create lots of resources for teen mom to access herself
- provide a mentor
- encourage other family members to attend a group with the teen mom, e.g. Healthy Start
- connect with neighbours, others in immediate community
- encourage healthy life skills so the teen mom knows what a healthy relationship is, e.g. Relationship Road Map
- help build esteem so that the young mom can ask for support, e.g. have the confidence to ask another teen mom about babysitting for each other
- ask adolescent mom what would be her most important needs
- identify who the support people are in her life
- if possible, organize family group conferencing, e.g. bring the family together to discuss what needs to be done and develop a plan
- create a meaningful role for the family

Question #2: What can we, as professionals, do to encourage or to help develop connections and independence?

- create opportunities to talk, share and to build relationships

- provide opportunities for teen moms to come together in groups – problem solve together
- have a "focus" to bring group together—ensure transportation and child care to make it easy for teen moms to attend and encourage other family members to come—teach mom a skill that the grandmother may not have and that the young mom could later teach the grandmother, e.g. infant massage (puts young mom in responsible role)
- if possible, provide access to voice mail to encourage independence
- encourage friendships within a group, e.g. buddy system in which young moms are paired off at the beginning of a group session and given 10 minutes to share with each other how their week went
- step back and allow teen mom to make decisions
- goal set with young mom
- recreational opportunities
- role playing as a learning tool

Question #3: By doing everything for the adolescent parent, are we helping or hindering their growth into independence? How can we, as organizations, change our "enabling" approach to teach adolescent parents rather than do it all for them?

- allow groups to run by themselves, e.g. one program set up a transition group for young moms, which they ran themselves
- ensure parent is primary caregiver in an infant lab situation
- involve adolescents and let them play a part in an advisory or planning group for your program
- professionals need to "catch themselves" from immediately stepping in to "rescue" the teen mom
- empower teen moms to move on from "victim" mentality
- help young moms make phone calls on own – probably easier to make it yourself but take the time to rehearse the dialogue in advance and let them make the call

(continued from page 3)

Adoption Options & WCFS Adoption Services (October 2002)

The October meeting included two complementary presentations, one by Sharon Riches of Adoption Options Manitoba Inc. and the other by Rosalind Dearing of Winnipeg Child and Family Services (WCFS) Adoption Services and Heather Carruthers of the WCFS Perinatal Unit.

Sharon Riches explained that Adoption Options (AO) started in 1989 as a not-for-profit, charitable organization providing education.

Geared towards adoptive couples as a referral and information service only, Riches noted that they never anticipated becoming an agency.

"Before we held our first course for couples, two birth mothers contacted us. It made us realize that birth mothers needed good information too."

Ten years later, in 1999, Adoption Options became a licenced agency to provide adoption services and charge a fee for those services, although they remain a not-for-profit organization.



"Money does not prevent any family in Manitoba

from adopting as there is a capped amount," explained Riches. "Any family, based on taxable income, can apply for a reduction in fees."

Adoption Options is licenced for private adoption, defacto adoption, extended family adoption, married parent (i.e. adoption of a child by a new spouse), adult adoptions, and intercountry adoptions (currently they offer an extensive China program). The majority of AO's work is in private or open adoptions in which the birth parents choose the adoptive parents.

They continue to offer a course for adoptive couples four to five times per year. (The course is mandatory for prospective adoptive couples.)

There is a web site as well as an information package that is mailed to prospective adoptive couples. They also produce a newsletter called "A Bundle of News".

After completing an application and the education seminar, prospective couples prepare a "Dear Birth Mother" letter that includes photos and a personal biography to give birth mothers a sense of the family and their background.

Prospective couples are carefully screened for a criminal record, including upcoming charges and pardons, and listings on the abuse registry.

There are no guarantees once they become a "waiting family" as the process is initiated by birth mothers.

Riches noted that their name is a bit of a misnomer as they explore all options with their clients. When Adoption Options staff first meet with birth parents, they do not assume the choice of adoption. They review all options, including ideas such as moving home, even when the birth mother feels strongly about adoption.

They use a process called "Working Through the Decision" with the birth mother, which involves two documents, one for pregnancy and one for parenting. This education process is followed by counselling.

"We want the moms to understand that this is a life changing and permanent decision."

Adoption Options also produces a newsletter for birth mothers by birth mothers called, "Been There, Done That".

Riches noted that the majority of their clients are older than 18 years of age and less than 50% place their babies. She estimated that less than one-quarter of their clients are younger than 18. Most birth mothers who come to them are at the six month mark in the pregnancy.

Preferences identified by both the birth mother and adoptive couples are cross-referenced in a "double-match" system.

For example, if there is an unknown birth father, some adoptive couples might not be willing to participate. No adoption can take place in Manitoba until the birth father has been "served" or notified of the potential adoption. They do not have to give consent, said Riches, they simply have to be served.

If the birth mother is unable to identify the birth father, she must provide a signed affidavit outlining the details of the birth father and why he can't be served. The problem, noted Riches, is that the courts do not like to give a waiver until the baby is born, which really complicates the situation and does not serve the needs of the birth mother.

In the double-matching system, birth mothers might request a rural family, post-secondary education, a particular religious denomination, etc.

By law, the agency is required to show a minimum of three files to a birth mother. Adoption Options, said Riches, generally show five or more files, including the letters and photos, to a birth mother. If she does not find a suitable family in those files, she is given five more to consider.

Riches noted that the meetings between the birth mother and prospective adoptive couple have worked very well.

"Everyone is very open and honest. With the double-matching system, they already know they have items in common."

Once the adoption has taken place, the birth mother has 21 days in which to withdraw consent. (This is calculated from the date on which she signed consent, not on the birth of the baby.) The reversal rate, said Riches, is about 17%. Across Canada, 25% of all birth mothers who make an adoption plan draw back.

Some change their mind at the birth of the baby. This can lead to significant guilt issues for the birth mother and require more counselling. She may feel she has let down the adoptive couple or worry

how her child will feel later to learn that she or he had been placed for adoption.

Adoption Options also does a number of adoptions where they work hand-in-hand with Child and Family Services.

"We work in partnership with CFS, especially with older kids who have been in care. Also, if we do not have at least three families to present to a birth mother, we will refer her to CFS."

Riches concluded by noting how far we have come from the 1960s and 70s when the stigma of adoption meant it wasn't discussed openly.

WCFS - Perinatal Unit & Adoption Program

Heather Carruthers of the WCFS Perinatal Unit spoke about the services they provide to pregnant and parenting adolescents. She noted that the Perinatal Unit receives approximately 25 cases per month.

Among them, a very small proportion, perhaps 1-2%, choose to place their babies for adoption.

"That choice is usually made by the more mature adolescent who has a supportive family," said Carruthers.

While the background of most of the teen moms means they face challenges as parents, Carruthers said they see their job as empowering the young mom to make her own decision that she determines to be in the baby's best interest and then to support her.

"We're finding some girls coming to us after three or six months saying she is not the mom she wanted to be or thought she'd be," said Carruthers. "With the young women who make the decision themselves that they can't parent, we find that they often choose not to immediately become pregnant again."

The sense is that when the teen mom is told her baby will be apprehended at birth, this typically creates hostility and anger leading her to become pregnant again to replace the baby.

She noted that they have many "older" babies whom they are placing quickly. She also thinks, in the end, that this works better than going to court to apprehend at birth. The latter is typically an extremely negative experience for the birth mother as she hears over and over about her weaknesses and inability to parent.

In some cases, however, they must apprehend if they haven't come to an agreement on a safe plan for the baby. e.g. if the young mom decides to move in with her new boyfriend as opposed to living in a foster home.

Rosalind Dearing works with the Adoption Program at WCFS. While they provide most types of adoption services (private, defacto, married parent, intercountry), they mainly place children who are permanent wards of WCFS, many of whom are older, including young adolescents.

Permanent ward adoptions can vary from no contact with the birth family to ongoing contact. Increasingly there is more contact between the adoptee and their birth families.



A permanent family for every child...

Education and counselling is provided to both the birth parents and prospective adoptive parents.

The series for adoptive parents includes education regarding the effects of prenatal alcohol and drug use by birth mothers as well as other issues affecting children such as attachment and loss and separation.

She agrees that, in most cases, it is best for the children if they can know their birth history and have ongoing contact with the birth family rather than continuing to fantasize about their 'potential' life.

The Adoption Unit has a new position over the last two years that works with

adoptive families who come back for assistance. An adoptive parent support group is starting up with support from WCFS.

For prospective adoptive parents of permanent wards, there is an income-based financial support available plus other subsidies based on the needs of the child.

For more information, call Sharon Riches at Adoption Options at 774-0511 or Rosalind Dearing at the WCFS Adoption Program at 944-4255.

Mount Carmel Clinic (November 2002)

Several staff at Mount Carmel Clinic, located at 886 Main Street, provided APIN members an overview of the services they offer, specifically related to pregnant and parenting teens.

Pregnancy & Sexuality Counselling

Ladine Klassen started as Mount Carmel's sexuality educator in August 2002. She explained that they are open city-wide to referrals on pregnancy and birth control counselling as well as meeting birth control needs. There are three counsellors on staff. Typically, a teen could get in for pregnancy counselling within a week.

One of her responsibilities is coordinating and providing individual counselling and appropriate health care for students at a Student Health Clinic held at R.B. Russell on Tuesday afternoons. Klassen also visits schools, mainly in their geographic region of Winnipeg, to give one-hour sessions on sexuality-related topics, such as STDs and birth control.

Perinatal and postnatal support

Perinatal nurses Jan Sprange and Linda Uhrich see approximately 250-300 women per year for prenatal care. They have eight family physicians with whom they work and four midwives. They also teach a childbirth and early parenting preparation class on Thursdays.

Pre- and postnatal support is provided to two Healthy Start sites – Hope Centre and North End Community Ministry. This works well since many of their pre-natal clients live in the area, allowing them to transition with the same workers into postnatal care. Sprange and Uhrich have focussed on breastfeeding after they learned through the Manitoba Perinatal Surveillance Report that Point Douglas has the lowest rates.

At 601 Aikins, they offer a drop-in for breastfeeding support co-facilitated by Public Health on Mondays. There is a core group of approximately 10 women attending, most of whom are in their 20s. Three young moms were trained to provide peer support.

Teen Clinic

A drop-in teen clinic is held at Mount Carmel every Saturday afternoon from noon to 4:00 p.m. for 13 to 19 year olds.

Parenting-Student Support Program

Heather Winslow and Kim Johnson are the two social workers responsible for Mount Carmel Clinic's Parenting-Student Support Program, which has been in existence for over 10 years. It is designed to help young parents between the ages of 14 and 23 to continue attending school or return to school.



The student and worker attempt to resolve personal issues and problems that interfere with getting an education, such as housing, financing, child care, social issues such as troublesome relationships, peer pressure, health and parenting stressors. The worker meets with the young parent in their home, at school or wherever they feel most comfortable.

The program works in conjunction with six schools: Tec Voc, R.B. Russell, St. John's, Children of the Earth, Argyle and Adolescent Parent Centre.

Winslow noted that they work with the partner and family of the parent-student if it makes sense. Referrals come from a wide variety of services, including CFS, schools, Children's Advocate, hospitals, perinatal nurses, Villa Rosa and others.

The average age of the parenting-students they work with is 16 to 19. These young people have often been out of the school system for some time or had a negative experience, making it a slow process to get them back into school.

Noting it is a voluntary program, Winslow explained that at the beginning it is a matter of working with the women to reach the point at which she wants to be part of the program.

For more information on any of Mount Carmel Clinic's services, call 582-2311.

"Think Again"

Media campaign launched to prevent teen pregnancy

On December 9, 2002, the "Think Again" multi-media campaign was launched by Drew Caldwell, Minister of Family Services and Housing, and Tim Sale, Chair of Healthy Child Manitoba.

The goal of the province-wide campaign, which includes TV, radio and billboard ads, is to draw attention to and create discussion among teens, their families and service providers about pregnancy.

The project was undertaken by the Manitoba Association of School Trustees, Klinik Community Health Centre and the Sexuality Resource Education Centre, in consultation with Healthy Child Manitoba. Teens from across Manitoba helped to develop the key messages used in the campaign.

The multi-media portion of the campaign, which will run for six weeks starting December 16, also includes transit ads and posters.

The project includes youth and teacher workshops and a facilitator's handbook to be distributed province-wide. The workshops will offer more effective ways of sharing information about preventing teen pregnancies.

Additional resources, such as brochures, posters and a new web site, will ensure teens, parents, teachers and health educators are provided key information.

The operating hours of the Facts of Life Line will also be extended to handle additional calls. In Winnipeg, the line is accessed by calling 947-9222 and toll-free in Manitoba by calling 1-800-432-1957.

For more information, call Healthy Child Manitoba at 945-2266 or toll-free at 1-888-848-0140.

Oops! My error!

Please note it was Klinik's **TEEN TALK** program that received a cheque from Minister Sale at the 2003 APIN conference. - Editor

GET ON THE APIN MAILING LIST...

Fill out and fax this form to (204) 338-4727 / mail to: 441 Scotia Street, Winnipeg, MB, R2V 1X3 / e-mail to: river@mts.net.

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